Since then the Lake Barundi have not changed much as regards their physical and mental constitution, but the individual tribes were struck by a terrible epidemic of sleeping sickness and were reduced to scarcely a third of their original numbers, so that in 1911 I found most of the formerly flourishing settlements deserted and laid waste. Fortunately the stinging [136] fly, Glossina palpalis, which carries the infection, has not penetrated into cool, windy, upper Urundi, and it probably never will since it does not find favorable conditions there.

4. Mental Traits

At this point little will be said about the mental traits of the Barundi since they can be adequately inferred from the detailed descriptions of their life and of their material and intellectual culture which will follow. Therefore, I shall give only a few data about the disposition, temperament, and character of these three large population groups which differ so considerably from each other.

Of the Batwa, the more primitive, freer Forest Batwa are also much freer mentally than those who have settled among the Bahutu and Batussi. Like all hunting tribes, they are characterized by their extraordinarily sharp senses, the superiority of which is very often experienced and still feared by the Bahutu as they advance against the forest in search of arable land. As long as he can still hunt and live, freely roaming the forest, the Mutwa is very proud of his independence and looks with contempt upon the Muhutu wretched and bent low tilling his field, and also on the Village Mutwa living outside the forests who has to earn his living painfully either by working in the fields or as a potter or blacksmith. Toward a European the Mutwa is in most cases, if not hostile, at any rate shy and ostensibly indolent, for even in peaceful intercourse he is afraid of the sorcery and formidable powers of the Whites.

[13] The Village Batwa are in all circumstances shy and cringing as a result of their social position as pariahs, of which

361 and villages differ considerably depending on the quality of the soil. In the densely populated western districts one passes a cluster of homesteads every quarter or half hour, but in the thinly populated eastern districts one sometimes travels over an hour without seeing or passing a courtyard or a village.

363 One never sees many people outside, neither on the roads, near the grazing cattle, nor in the fields. Only close to the huts and within the kraals does one see people walking, standing, and squatting in groups. Old people 70 years old and older 145 are extremely rare. Very few seem to live beyond the age of 60, and this seems to be more often the case with the Batussi than with the Bahutu.

161 According to missionaries' reports, the population has been increasing during the last ten years or so, since the petty wars between the batwale and the princes and the invasions of the Banjaruanda and the Baha [Ha] have become rarer and less bloody. Only in the Tanganyika region which has been hit by 164 sleeping sickness has the population decreased considerably. 731 In the rest of Urundi the number of inhabitants is occasionally reduced considerably by smallpox epidemics or by crop failures, which are especially fatal to children, but such famines are relatively rare. In 1892, 1896, 1904-5 and 1908, rinderpest, bad harvests, and smallpox caused great devastations. In 1910 the distress resulting from drought in eastern Urundi was so great that the mission at Mujaga had to buy up large amounts of manioc and beans in Uha for their natives. Some travelers 181 claim that the majority of the Bahutu are waiting to be liberated from their conquerors. I cannot confirm this from my observations. [20] [Fig. 2 appears here in original text.] [21] The enthusiastic reception that the Bahutu gave at the time to the first European arriving there, Oskar Baumann in Urundi and Count Götzen in Ruanda, did indeed spring from the traditional hope for a great new conqueror who would usher in a golden age, but like all East African Bantu the Bahutu of Urundi and Ruanda do not in the least thirst for freedom. As has been mentioned above, they are submissive and dependent on others; they are happiest under firm authority and as accustomed to the discipline of their

[Text continues on page 31]

752 It seems more likely that, as in Ruanda, Ussuwi, and Kisiba (No. 31, p. 117; No. 48, p. 228; Petermanns Mitteilungen [Petermann's Communications] 1879, p. 393), they only perform a Caesarean operation on women who have just died in order to save the infant or at least to remove it from the womb so that it may be buried separately (see pp. 110, 140). Trepanation is unknown among the Barundi.

●164 Many of the diseases from which the Barundi suffer are of an endemic character, for example, malaria, relapsing fever, leprosy, and sand fleas. Only a few appear as an epidemic, for example, smallpox and sleeping sickness, but their effect is all the more terrible since the Barundi do not know or apply any antidotes. Van der Burgt lists a whole series of diseases which occur in this region (No. 19, pp. 350-351), but he often uses different names for one and the same disease in its different stages. The following ones, in particular, should be mentioned: syphilis, fever, boils, inflammation of the eye, sores on legs and arms, epilepsy, cramps, leprosy, tapeworms and other intestinal worms, phthisis (ikihaha), dysentery, coughing, abscess on the vulva, diphtheria (?), inflammation of the testicles, gonorrhea, rheumatism, head porrigo, threadworms (filaria), omphalocele, elephantiasis, smallpox, insanity, loss of teeth, lithiasis, paralysis, catarrh of the frontal cavity, whooping cough, dropsy, blood in the urine, deafness, inflammation of the chest, leucorrhea and blennorrhea.

164 731 Of all diseases, smallpox (akaranda, akasibe) is the most feared. It comes in epidemics and depopulates entire districts, as, for instance, in the beginning of the 1890's when in Urundi, Ruanda, Karagwe, and other areas of the interlacustrine region many thousands of people were carried away. According to native reports a serious smallpox epidemic afflicted the country around the turn of the century. Less epidemic in nature but also 164 very much feared are the different types of inflammation of the throat (ikiwa) which should be described as angina and some of them perhaps as diphtheria. Often they quickly result in the infected person's death. Running pustules and boils (ikihoro,

• 164 ikinutsi, amosi, ikivimba) are also very widespread but less dangerous. They can presumably be identified with frambesia and are contracted especially by children. The afflicted persons suffer less from pain than from being immobilized. Since they do not keep the sores clean, the healing process is very slow. These skin sores should not be confused with those caused by syphilis (ikikatschji) which is fortunately still very rare in Urundi and in Ruanda. Sores caused by the sand flea (infunsa) are also rather rare in Urundi, except in the area around Lake Tanganyika which has been very much affected by trade. This affliction is far more common in Ruanda. Still more seldom have I seen persons suffering from leprosy (umuwembe) in Urundi, only two cases near Lake Tanganyika and a few cases near the Mugera missionary station where a small isolation hut has been built for lepers. During my entire trip through Urundi I observed elephantiasis only two or three times, and it is equally rare in Ruanda. [143] According to van der Burgt, phthisis can be found in a few districts, but I doubt whether the disease which he calls ikihaha is identical with our European tuberculosis. The bubonic plague, which is endemic in the area around Lake Victoria, in Uganda, Kavirondo, the Mwanza district, and Kisiba, does not seem to occur in Urundi at all, but it is reported that it occurs quite frequently in Ruanda and is known as masseke sickness.

Many Barundi suffer from intestinal worms, and children in particular often die of them. Acute diarrhea is also frequent, and the dangerous dysentery sometimes develops into an epidemic, for example, in 1908. According to the reports given by the missionaries, gonorrhea and fluor albus have been imported here from the East, but they are not very widespread. Eye diseases are rare, except that small children are afflicted by them, and their eyes are often covered by large numbers of the infectious flies.

164 136 As in Ruanda, malaria (injonko, indurwe) occurs everywhere in the warm, swampy lowlands which abound in these countries. I have caught the anopheles mosquito in the swampy mountain valleys of southern Ruanda and northwestern Urundi at

164 altitudes as high as 1,600 to 1,700 meters, once even at
[136] 2,140 meters east of Usumbura. There I saw natives suffering from malaria, and I treated them with quinine. Some of the members of my caravan were also infected. However, it appears that blackwater fever occurs not at all or only very rarely. The highland Barundi are particularly afraid of being infected with malaria in the lowlands of the Akanjaru and the Ruvuvu in the north, in the swampy lakes in the northeast, and in the low, warm coastal area of Lake Tanganyika with the adjoining valley of the Ruzizi River, but the relatively few Barundi who live there permanently appear to be immune for the most part.

The highland Barundi are extremely sensitive to changes
164 in climate when traveling or when changing their residence.
147 In former times when the neighboring areas, for example, Ussumbwa, were still importing female slaves from Urundi, they calculated that eight out of ten slaves would perish because they could not live in the climate (No. 14, 1900-1901, p. 178). The missionaries in Mariahilf in Uschirombo report that in their missionary orphanage they always have quite a number of children from Urundi and Ruanda who are unable to get used to the climate of Uschirombo (which is not particularly bad) and who are almost always sick. The women who go there from Urundi and Ruanda have the same difficulty. Quite a few of them die or lose so much weight that they look like skeletons. Many of them recover after about a year, but they remain weak (No. 14, 1900-1901, p. 288). I would like to add that, ac-
[146] cording to my own observations, it is not merely the change of climate which is responsible for these cases of sickness but also the change in food, for example, lack of milk and poor water. In any case, it has been confirmed by experience that in the whole of East Africa the inhabitants of the cool mountainous areas and the highlands, such as Ruanda, Urundi, Uhehe, Usambara, etc., cannot live for any length of time in the lower, warmer regions, as, for example, in Unjamwesi, Ugogo, Useguha, and the coastal areas. This should be a serious warning to us not to import great numbers of people for work in the plantations of the lowlands, or, as the slogan goes, to open the gates of

164 these large "human reservoirs" of the highlands in order to
147 supply the plantations suffering from a chronic lack of labor. An attempt to do so would lead to results which would differ little from mass murder.

[144] The spread of sleeping sickness from the eastern
164 Congo to the western, lower regions of Urundi has had terrible
136 results. The carrier of the sleeping sickness, the stinging fly
731 Glossina palpalis, has infected the Ruzizi valley up to the vicinity of Lake Kivu, which is still safe, and the entire basin of Lake Tanganyika almost to the border formed by the surrounding mountains, and it also has spread to the stream and river valleys facing the lake as far as the eastern highland, for example, the valley of the Malagarasi. According to official reports on the development of our protectorate in 1912-13, the situation on Lake Tanganyika is such that, as a result of the considerable expansion of the infected area, the inaccessibility of the population, and also the difficulty of controlling the traffic with the infected areas of the Congo colony, the fight against sleeping sickness will continue for a long time to come. According to official sources, 3,303 new cases were observed in 1913, as compared with 3,560 cases in 1912. In the area of Lake Tanganyika there are probably a total of 200,000 persons suffering from sleeping sickness.

164 In 1911 I traveled through the infected areas of the lower
731 Ruzizi valley and in northeastern Tanganyika. I was horrified by the devastation that the disease had caused among the population which formerly had been so dense and had been so cheerful. Entire villages have ceased to exist, and the population of extensive areas have moved away or have been relocated by the government. The sick who have been collected in well-guarded camps by the government are slowly dying, and none of the remedies applied (Atoxyl, Salvarsan, and others) seem to have any beneficial effect. All economic activity has ceased, traffic and commerce have stopped, and the European firms which were active there have either gone bankrupt or moved away except for a few. After the railroad has been built to Lake Tanganyika, it will be possible to combat the spreading of the sleeping sickness

164 in the Tanganyika region with much better means and prospects
791 for success, but it will take decades before the damage is repaired to any extent.

Fortunately the disease has not yet spread to the large
164 area of Urundi proper east of Lake Tanganyika, and it probably
136 will not spread there in the future since the highlands of Urundi, Ruanda, and Uha are too cool for the Glossina palpalis to thrive and also because the conditions necessary for the existence of the fly, flowing water and shady bushes near the water, exist only in certain places of the highlands which are predominantly covered with grass. On the other hand, it seems to me that the great danger still approaching is that after the completion of the Tanganyika railroad the disease may also spread to the central areas of East Africa. Disease-carrying specimens of the Glossina palpalis, which at present is unable to fly across the dry steppes east of Lake Tanganyika, might be disseminated passively by being carried in railroad trains, as has happened in other countries with so many other epidemic or endemic diseases that were spread by means of railroads and ships. Then, if these infected flies find favorable conditions of existence at the eastern end of the railroad line, new nidi for sleeping sickness will be created. The situation may become even more dangerous if Glossina morsitans, the tsetse fly which is very common in the eastern regions, contracts the infection from Glossina palpalis and carries it farther. It has already been definitely proved in the southern part of our colony that Glossina morsitans may become a carrier of true sleeping sickness. If now, by [145] means of the railroad, the immensely large area where Glossina morsitans is common were infected from the direction of Lake Tanganyika, the consequences for the population of German East Africa would be incalculable. It is advisable to face up in time to this danger which is threatening us from western Urundi and the region of Lake Tanganyika. Otherwise reality might prove too much of a shock for us someday.

2: Meyer--244 K-5 (1911) 1916 FO42 Rundi FO42

Plate 10

342
●164
291

Women with Sleeping Sickness, Usumbura
(Photo. by Hans Meyer, 1911)

697
142
291

Chain Gang in Usumbura
(Photo. by Hans Meyer, 1911)

754 and cite numerous examples to this effect. On the other hand, the ingredients used in their manufacture are not yet sufficiently known:

754 At best, one hears popular rumors of snakes, toads, human
208 cadavers (imirundi y' abapfuye, n' ingobyi z' abana), crocodiles, etc., whose putrefied flesh was used. The Blacks are also convinced that
[164] the lungs of tuberculars are used to transmit the disease to other people (1).

1. This illness is widespread among the Batutsi, who greatly fear it.

They know full well that it is fatal. Hence their great
[578] curse, "May you die of tuberculosis!" (uragichwa n' igituntu).

According to popular belief, those lungs are dried out and crushed to powder so as to be slipped more easily into the drinking tube which is used to drink native beer. Menstrual blood (irungu),
[84] which inspires in them an intense fear and an acute aversion, is popularly believed to cause slow poisoning when administered to an enemy. It is mixed in with his food secretly. There is also mention of poisonous juices, such as the milk of various kinds of euphorbia
[824 (imiyenzi, imiduha, etc.) and of certain other plants, for example,
847] muhoko, which is also used to induce abortions. Cactus milk and muhoko juice could only induce death in such quantities that the person involved would not fail to detect them while drinking. It is difficult, therefore, to make frequent use of those substances.

278 The Banyarwanda also regard as toxic /488/ the following
824 plants: urwizilinga, umutambasha, and igisura. As we mentioned earlier, urwizilinga is a shrub somewhat similar to datura. It is the plant whose juice or powdered bark is used in trials by ordeal. The umutambasha is another shrub whose leaves are crushed to extract
[524] the juice. The Banyarwanda use it to kill rats by mixing it with the food that is used as bait for those rodents.

5: Pages--288 M-5 (ca. 1925) 1933 FO42 Rundi FO42

A leper.

142
164
301

Young Muhutu girl with tattooing on the back.

301
302
304

R. P. Provoost of Rulenga

551 are often so long that they can barely be pronounced in one breath, and yet they are always spoken very fast, in one breath, with a singing intonation and with a dance gesture."

842 If a widow gives birth to a child, they say that the child has
843 remained in her blood since the death of her husband and that it
164 has only now come into the world. This belief is related to the idea that pregnancies can last several years, and that idea, in turn, probably comes from the diseases of the genital organs (tumors) that cause enlargement of the abdomen. If [230] a woman can be pregnant for several years, she also can carry the child in her blood for several years.

845 Children are ardently desired and loved. In the southeast, in
847 Kissaka, twins are regarded as a blessing; the mother gets twice as many presents and is called nina babili. However, in the northwest, in the Forest Bantu sphere of influence, this is very different. Here infanticide is not uncommon and is practiced particularly on twins. During my visit in Mulera twins were born near the Ruasa Mission. The missionaries had a hard time preventing the people from killing the children. At first the natives replied to the missionaries' explanations that a woman could not possibly carry two children on her back.

853 Children are nursed for a long time, for three years it seems. One sees cases of children who come to their mothers to suck when they are old enough to run about and even to tend cattle.

[857] Little attention is paid to children. This is evident in the
861 high infant mortality. Even less care is given to the moral education of children. Although they are not thrashed like European children, they sometimes suffer severe punishment, especially for theft. A popular punishment is burning the fingers, which is supposed to bring about inhibitory associations when one reaches for other people's belongings. The hands of the little thieves are bound with blades of grass or scraps of matting, which are lighted, and the fingers are covered with burns (1).

1. Classe, Father, Moeurs et Coutumes des Bagoye [Manners and Customs of the Bagoye] (Les Missions Catholiques, 1905), p. 428.

9:Maquet E-5 (1949-1951) 1961 FO42 Rundi FO42

irregular, dependent on circumstances—a good hunt or a generous reward for dancing and singing.

The Tutsi had a strictly controlled attitude towards solid food. They behaved as if the need for nourishment was, if not shameful, at least beneath their dignity. The taking of a meal was something to be done privately. Friends were offered beer or milk, but they were not asked to share a whole meal. When travelling the Tutsi were not supposed to eat solid food and if the journey did not exceed two or even three days, they very often actually did not eat. It is said that a true Tutsi subsists only on milk and beer and some old men take pride in boasting of it. This attitude towards solid food might be explained as an attempt on the part of the conquering pastoralists to stress their independence of the foodstuffs produced by and characteristic of commoners and on a deeper level as an affirmation of what we might term a fundamental difference between themselves and Hutu. The Tutsi, according to their legends, came from another world. They were human beings like the Hutu, but not in quite the same way. This interpretation of the Tutsi attitude to food is supported by their emphasis on greediness in the Hutu character, and gluttony in the Twa. In most of the tales in which Hutu appeared, they were conspicuous by their overeating. For the Twa this feature was still more stressed. Another fact significant in this respect was the very strong prohibition on Hutu servants attending the meals of their Tutsi masters to reveal what they ate. This prohibition was magically sanctioned.

4. CLOTHING AND SHELTER

In the highlands, especially during the rainy season and at night, adequate covering against cold and damp is needed. Boys and girls, however, go completely naked as long as they are *abana* (children), that is up to the age of eight or nine for girls and ten or eleven for boys. As children usually do not go very far from the compounds, they may find some protection against cold either inside the hut or by picking up a skin or blanket. But the great number of diseases of the respiratory organs among children is a sign of their inadequate protection against bad weather.

The traditional Twa garment was a sheep skin. The Hutu wore bark-cloth as a sort of skirt from the waist down to the knees.

9:Maquet E-5 (1949-1951) 1961 FO42 Rundi FO42

It should also be pointed out that the supply of the staple foods was usually short at the end of the dry season and that starvation periods, in which many people died, were occurring several times in a life-time. For instance in a thirty-year period (1900–30) among the events used as references to assess the age of people, three famines are remembered: in 1908, 1918, and 1924.

The above considerations take into account only the total production of available food in the country. But it is obvious that in a society composed of several groups very unequal in power, access to food was not the same for everybody. It seems that we may safely infer that the normal diet of many Hutu was barely adequate to sustain people who had to spend a considerable amount of physical effort in agricultural tasks.

In the preparation of meals, two facts relevant to health should be mentioned. Firstly, the methods of cooking very often resulted in a diminution of the nutritive value of food. For instance, beans cooked in water lose from one-sixth to one-fifth of their carbohydrates.[27] Secondly, the standards of cleanliness in food preparation were very high among the Tutsi, though more for magical than for hygienic reasons. This applies particularly to milk. To avoid flies and dust, receptacles containing milk were always closed with basketwork conic covers adorned with elongated geometric patterns. It is believed that if milk comes into contact with anything impure, the cow would be harmed. The contaminating substances were not always connected with the Western idea of dirtiness. For instance water was considered dangerous to milk. Consequently the wooden vessels in which milk was kept were not washed out with water but with cows' urine.

The equatorial situation of Ruanda, combined with the rather cold climate due to its elevation, resulted in the spreading of diseases characteristic of tropical as well as of temperate regions. Yaws, typhoid fever, tuberculosis, recurring fevers, and a large variety of intestinal diseases are quite common in Ruanda today.[28] They are not new diseases resulting from new conditions introduced by the European occupation, such as malaria, which was unknown in Ruanda except in the narrow strip adjacent to the Ruzizi River until roads were built permitting a very rapid transportation of people, or some venereal diseases which spread

[27] Ministère des Colonies, 1951b, p. 49-51.
[28] Cf. Lestrade, 1933; Vincent, 1953, pp. 16-18.

9:Maquet E-5 (1949-1951)1961 FO42 Rundi FO42

from the great commercial centres where there is an important transient foreign population of Africans from the Congo, Arabs, Indians, and Europeans. They are not new in so far as the factors favouring their spread have been in existence for a very long time. I have already mentioned the inadequate clothing of children. Bark-cloth and hides which were not washed, grass and reed huts and enclosures where cattle were living near the dwellings, which were never built in the valleys, were effective deterrents to corporal cleanliness. The Tutsi took hot baths and washed and rubbed themselves with perfumed butter, but the Hutu, particularly the women, did not seem to wash completely very often, if ever.[29]

Defences against these diseases were, as one may expect, very inferior compared with those which Western medical science can now provide. When somebody was ill and the usual remedies known to every old person did not work, he had to have recourse to a herbal expert. I have been told by a missionary who had studied the question for several years that knowledge of these medicinal plants was very often extremely penetrating and that cures, especially in dysentery and other intestinal diseases, were quite often successful. These remedies were collected or administered in a magical context. When that course of action did not produce the expected results, the diviner (*mupfumu*) had to be consulted. He was an interpreter of the will of God (Imana), which he could read in the patterns made by knuckle-bones, in the viscera of chickens, rams, and bulls, or even by a certain intuition without the help of any apparatus. Some diviners used a medium, usually a female possessed by Biheko, an important spirit of the dead, or were possessed themselves. The diviner was asked to identify the malevolent agent sending the illness, which could be either a *muzimu* (spirit of a dead person) or a *muroxi* (sorcerer). If the spirit was identified, the diviner could tell what would appease him, and could offer some counter-magic to deal with a sorcerer.[30]

These resorts to the non-material world probably had the useful function of making bearable a situation in which nothing could otherwise be done to alter the course of the illness. It is doubtful, however, if this method had any other effect on the patient's health.

[29] Cf. Czekanowski, 1917, pp. 118-21. [30] See photographs in Maquet, 1957.

9: Maquet E-5 (1949-1951) 1961 FO42 Rundi FO42

The conditions favouring contamination by different diseases and the very limited defences against them permit us to assume that illness and mortality through these diseases must have been very high and a constant threat to everybody.

These brief notes on health conditions in Ruanda would be incomplete without a mention of mental health. We are not attempting here an assessment of the neuroses and psychoses which can be found in Ruanda or to the number of people affected by them and who, in the Western world, would be considered in need of psychiatric treatment. There is not sufficient information on these matters at present. But we would like to consider very briefly conditions which are likely to result in psychological tensions.

We have already mentioned the circumstances which make life objectively hard (a barely sufficient diet, starvation periods, and diseases). In addition it was often dangerous. When informants were asked what sort of reputation they particularly wished to avoid, they did not usually answer by listing the opposites of those particular qualities which they would like to have attributed to them, but by pointing to some definite reputation in which danger might be inherent. Above all, a Tutsi feared to be regarded as an enemy of the king. It was no doubt partly because he felt a genuine respect for the king, but mainly because to be thought of as an enemy of the king was extremely dangerous. It could mean dispossession of everything, the severance of all social relations, exile, or even death. He also feared to be considered a traitor to his chief. This was a less dangerous reputation, although it entailed sanctions: if a client had been disloyal to his lord the latter might take back from him all the cattle he had previously given him and eventually all his cattle. The Hutu said that they feared an accusation of witchcraft, for such an accusation could certainly mean immediate death. There was little that could be done actively to avoid such a danger except to be a good neighbour, to be envied by nobody, to have no enemies, and especially to have a powerful protector. The Hutu were also afraid of acquiring any reputation which could result in their losing the protection of the lord to whom they owed allegiance and consequently leaving them exposed and defenceless against the arbitrary actions of the powerful.[81]

[81] Cf. Maquet, 1954a, or Maquet, 1958.